

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	CARDIAC ABLATION DEVICES
Attorney Docket Number::	TRANS 3.0-055
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	FIG. 14
Total Drawing Sheets::	27
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	China
Status::	Full Capacity
Given Name::	Yong
Family Name::	Zou
City of Residence::	S. Setauket
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	39 Brayton Court North
City of mailing address::	S. Setauket
State or Province of mailing address::	NY
Postal or Zip Code of mailing address::	11720

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Reinhard  
Family Name:: Warnking  
City of Residence:: E. Setauket  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 143 Old Field Road  
City of mailing address:: E. Setauket  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 11733

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Russian Federation  
Status:: Full Capacity  
Given Name:: Yegor  
Family Name:: Sinelnikov  
City of Residence:: Port Jefferson  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 3 President's Drive  
No. 2B  
City of mailing address:: Port Jefferson  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 11777

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James

Family Name:: Savage  
City of Residence:: Farmingville  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 608 College Road  
City of mailing address:: Farmingville  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 11738

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: C.  
Family Name:: Pacheco  
City of Residence:: Commack  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 232 Townline Road  
City of mailing address:: Commack  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 11725

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jaime  
Family Name:: Merino  
City of Residence:: Elmont  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 78 Heathcote Road

City of mailing address:: Elmont  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 11003

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Patrick  
Middle Name:: David  
Family Name:: Lopath  
City of Residence:: Durham  
State or Province of Residence:: NC  
Country of Residence:: US  
Street of mailing address:: 3611 University Drive  
Suite 4J  
City of mailing address:: Durham  
State or Province of mailing address:: NC  
Postal or Zip Code of mailing address:: 27707

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Family Name:: Hotmer  
City of Residence:: Sound Beach  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 12 Laurelton Road  
City of mailing address:: Sound Beach  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 11789

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Todd  
Family Name:: Fjield  
City of Residence:: Shoreham  
Country of Residence:: NY  
Street of mailing address:: 22 Deer Creek Lane  
City of mailing address:: Laguna Hills  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92653

**Correspondence Information**

Correspondence Customer Number:: 000530

**Representative Information**

Representative Customer Number:: 000530

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/448,804	02/20/03

**Assignee Information**

Assignee name:: Transurgical, Inc.  
Street of mailing address:: 220 Belle Meade Road  
Suite 2  
City of mailing address:: Setauket  
State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 11733